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NEW APPLICATION

ORIGINAL

RECEIVED

ARIZONA CORPORATION COMMISSION

APPLICATION FOR APPROVAL OF THE SALE OF ASSETS AND/OR TRANSFER OF
CERTIFICATE OF CONVENIENCE AND NECESSITYWATER AND/OR SEWER

2003 OCT -1 A 9:18

AZ CORP COMM
DOCUMENT CONTROL

Arizona Corporation Commission

W-02015A-03-0724

DOCKETED

OCT 01 2003

A. The name, address and telephone number of the Transferor (Company) is:

DOCKETED BY

R.E. WARD(928) 997-4952P.O. Box 9031PHOENIX, AZ. 85068-9031

B. If doing business under a name other than the Transferor (Company) name, specify:

BEAVER VALLEY WATER Co.

C. The Transferor is a:

<input type="checkbox"/> Corporation: <input type="checkbox"/> "C", <input type="checkbox"/> "S", <input type="checkbox"/> Non-Profit <input type="checkbox"/> Arizona, <input type="checkbox"/> Foreign	<input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Limited, <input type="checkbox"/> General <input type="checkbox"/> Arizona, <input type="checkbox"/> Foreign
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Limited Liability Company
<input type="checkbox"/> Other (Specify)	

P.O. Box 421

PAYSON, AZ. 85541

K. (Transferee) List the name, address and telephone number of the certified operator as authorized by the Arizona Department of Environmental Quality:

DOUG THORNE - (928) 978-6113

L. The Transferee is a:

<input type="checkbox"/> Corporation: <input type="checkbox"/> "C", <input type="checkbox"/> "S", <input type="checkbox"/> Non-Profit <input type="checkbox"/> Arizona, <input type="checkbox"/> Foreign	<input type="checkbox"/> Partnership <input type="checkbox"/> Limited, <input type="checkbox"/> General <input type="checkbox"/> Arizona, <input type="checkbox"/> Foreign
<input checked="" type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Limited Liability Company
<input type="checkbox"/> Other (Specify)	

M. If Transferee is a corporation:

1. List names of Officers and Directors:

Officers

A/A

Directors

2. Indicate the number of shares of stock authorized to issue:

N/A

3. If stock has been issued, indicate the number of shares issued and the date of issue:

N/A

N. If Transferee is a partnership:

1. List the names of general partners:

N/A

2. List name, address and telephone number of managing partner:

N/A

♦ If Applicant is a foreign limited partnership, provide a copy of the Partnership's "Certificate of Registration" with the Arizona Secretary of State

O. If Transferee is a sole proprietor, list name, address and telephone number of individual:

MICHAEL DAJOREN
P.O. Box 421
PAYSON, AZ 85541

P. Have all customer security deposits been refunded? Yes ☒ No ☐. If no, mark the block below which describes the proposed disposition of security deposits.

☐ All security deposits will be refunded at time of closing.

☐ All security deposits will be transferred to the Transferee.

☐ Other (explain).

Q. Are there any refunds due on Main Extension Agreements? Yes ☐ No ☒. If Yes, mark the block below which describes the proposed disposition of the refunds.

☐ Transferor will continue to refund after the transfer.

☐ Transferee will assume the refunding obligations.

☐ A full refund will be made at closing by Transferor.

☐ Other (explain).

R. (WATER ONLY) Are there any refunds due on meter and service line installations?

Yes ☐ No ☒. If Yes, mark the block below that describes the proposed disposition of refunds.

☐ Transferor will continue to refund after the transfer.

☐ Transferee will assume the refunding obligations.

☐ A full refund will be made at closing by Transferor.

☐ Other (explain).

S. (Transferee) Attach the following exhibit(s):

1. Copy of bill of sale, purchase contract or other instrument, which conveys the assets to the transferee.
2. Articles of Incorporation (if corporation)
3. By-Laws (if corporation)
4. Certificate of Good Standing (if corporation)
5. Articles of Partnership (if partnership)
6. Articles of Organization (if limited liability company)
7. Corporate Resolution if required by Articles of Incorporation
8. Attach a copy of the transfer of City or County Franchise from the Transferor to Transferee.

T. List names and addresses of any other public utility interest Transferee has:

1. NONE
2. _____

U. Indicate the date that notice of the application was sent, or will be sent to the customers.

Aug. 22, 20 03

JUL-22-2003 15:23 H2 CORP UTILITIES DIV 502 542 2129 P.10
DATED the 30th day of July, 20 03

Edgar M Delaney

(Signature of Authorized Representative of Transferor)

EDGAR M DELANEY

(Type Name Here)

Secretary - Treasurer

(Title)

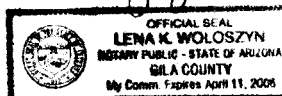
SUBSCRIBED AND SWORN to before me on this 30 day of July, 20 03

Lena K Wołoszyn

NOTARY PUBLIC

My Commission Expires

4-11-2006



Michael T. Davor

(Signature of Authorized Representative of Transferee)

MICHAEL T. DAVOREN

(Type Name Here)

OWNER

(Title)

SUBSCRIBED AND SWORN to before me on this 30 day of July, 20 03

Lena K Wołoszyn

NOTARY PUBLIC

My Commission Expires

4-11-2006

